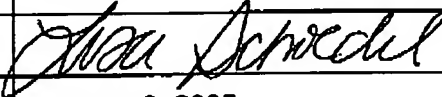


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)											
<b>ADDRESS TO:</b>  <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>	<b>Attorney Docket No.:</b> 01-1731 <b>Application No.:</b> 10/068,457 <b>Filing Date:</b> February 6, 2002 <b>First Named Inventor:</b> Brent Townshend <b>Group Art Unit:</b> 3714 <b>Examiner:</b> John Sotomayor										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application to and including</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tbody><tr><td><input checked="" type="checkbox"/> One Month (37 CFR 1.17(a)(1))</td><td>\$ 120.00</td></tr><tr><td><input type="checkbox"/> Two Months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three Months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four Months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five Months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></tbody></table>		<input checked="" type="checkbox"/> One Month (37 CFR 1.17(a)(1))	\$ 120.00	<input type="checkbox"/> Two Months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/> Three Months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/> Four Months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five Months (37 CFR 1.17(a)(5))	\$
<input checked="" type="checkbox"/> One Month (37 CFR 1.17(a)(1))	\$ 120.00										
<input type="checkbox"/> Two Months (37 CFR 1.17(a)(2))	\$										
<input type="checkbox"/> Three Months (37 CFR 1.17(a)(3))	\$										
<input type="checkbox"/> Four Months (37 CFR 1.17(a)(4))	\$										
<input type="checkbox"/> Five Months (37 CFR 1.17(a)(5))	\$										
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required or to credit any overpayment to Deposit Account Number 13-2490. I have enclosed a duplicate copy of this sheet.</p>											
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED											
Name	Lisa M. Schoedel										
Reg. No.	53,564										
Signature											
Date	January 3, 2005										

EXT (Rev. 1/3/01)